



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E385984**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-03155		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 12 - 19 - 2014	1522	31		
N S E W				IN OF <input checked="" type="checkbox"/> 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	
91ST AVE NE	BLOCK NO. <input checked="" type="checkbox"/> 700
MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
80 00 MILES <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	SR-204

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252993979
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LAST NAME	HEATHER	FIRST NAME	JAMIE	MIDDLE INITIAL	L
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	11514 26TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HEATHJL142P5	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	10	25	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AHY7078	STATE	WA	VIN#	KMHCG45CX5U622359
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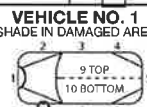
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	HYUN	MODEL	ACC4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. RYAN SHANE 31108 33RD DR NW STANWOOD WA 98292 D: 4252993979

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0933092	CHARGE	OP MOT VEH W/OUT INS, NO VALID
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2067930830
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LAST NAME	HOLMAN	FIRST NAME	LORIE	MIDDLE INITIAL	B
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STREET NEW ADDRESS <input type="checkbox"/>	1635 S 245TH PL
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CITY	DES MOINES	ST	WA	ZIP	981980000
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	HOLMALB311R9	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	12	29	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AOM7600	STATE	WA	VIN#	1FMCU9JX4EUB32594
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	FORD	MODEL	ESCAPE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LORIE HOLMAN 1635 S 245TH PL DES MOINES WA 98198

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	ALLSTATE 087754034
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	FRANKLIN NELSON	BADGE OR ID #	116	AGENCY	WA0311900
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OFFICER'S NAME (PRINT)	FRANKLIN NELSON	BADGE OR ID #	116	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E385984**

CASE # **14-03155**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SJOBLOM STEPHANIE A																	
ADDRESS & PHONE #		2102 81ST AVE NE LAKE STEVENS WA 98258 4253206978																	
		SEX	F	D.O.B. MMDDYYYY	08	-		19	-		1987								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY		-			-										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY		-			-										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Vehicle 2 was travelling north on 91st Ave SE in the 700 block and signalling to turn right into one of the two driveways accessing the Union 76 Gas Station. Vehicle 1 was at the southmost entrance/exit driveway waiting to merge into traffic. The driver of Vehicle 1 explained she expected Vehicle 2 was turning right into the driveway where she was waiting, so she began to enter traffic and that is when she collided with Vehicle 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

FRANKLIN NELSON

12-22-14 11:17 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

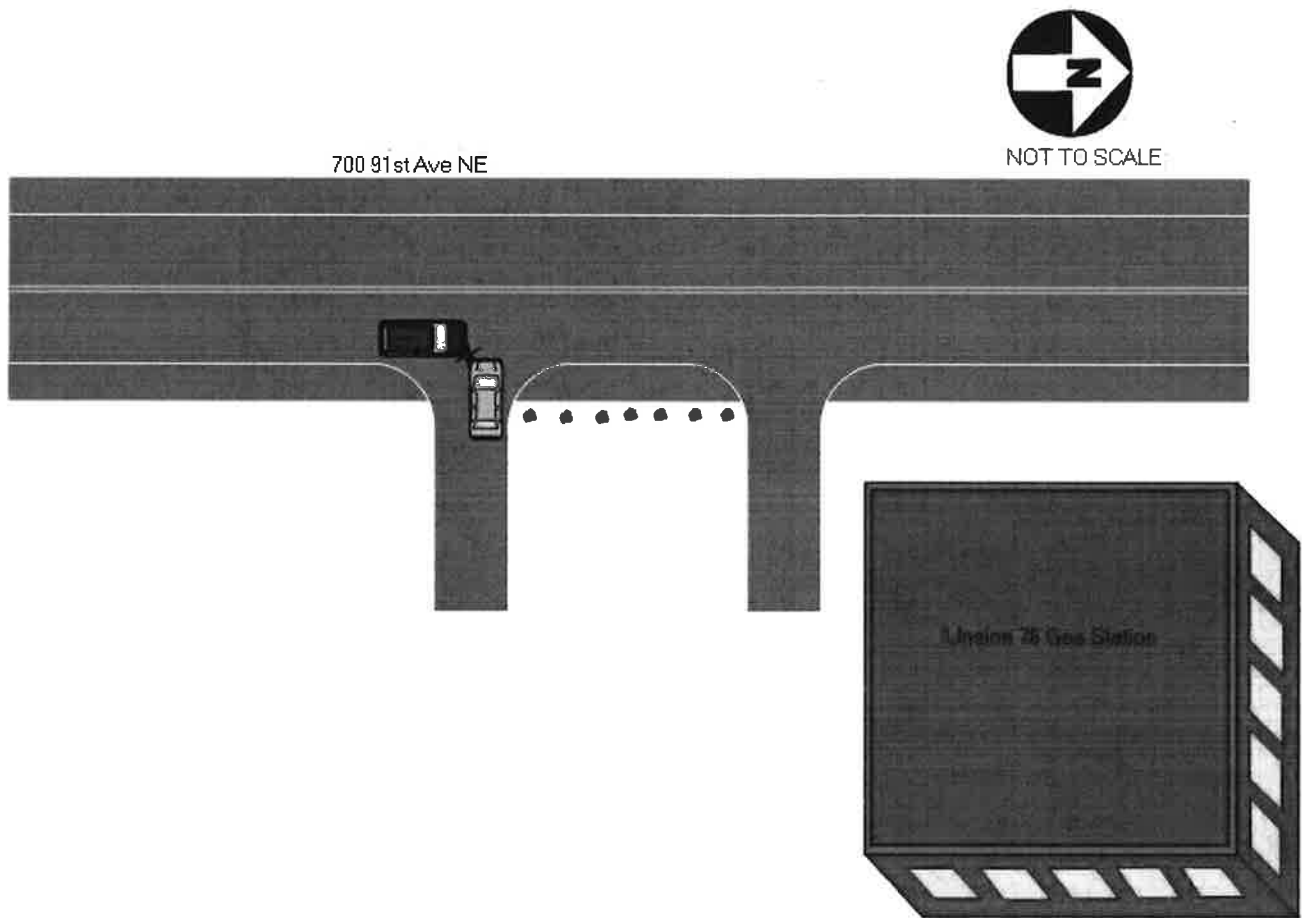
APPROVED BY

DATE

CHAD CHRISTENSEN 075

12/22/2014 4:16:49 PM

BADGE OR ID #	116	ORI #	WA0311900	TIME POLICE DISPATCHED	3:22 PM	TIME POLICE ARRIVED	3:23 PM
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INFRACTION

☒ **TRAFFIC** ☐ **NON-TRAFFIC** LEA: **WA0311900** COURT ORI #: **WA03119VB** INFRACTION #: **4Z09333092** REPORT #: **14-03155**

IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU** ☒ CITY/TOWN OF **LAKE STEVENS**
☐ STATE OF WASHINGTON ☐ COUNTY OF _____, PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCANNED) **HEATHJL142P5** STATE **WA** EXPIRES **10-25-17** PHOTO I.D. MATCHED ☒ YES ☐ NO NAME: LAST **HEATHER** FIRST **JAMIE** MIDDLE **L YNN** SFX _____
 ADDRESS **11514 26TH ST NE** ☒ IF NEW ADDRESS ☐ PASSENGER CITY **LAKE STEVENS** STATE **WA** ZIP CODE **98258** CDL ☐ YES ☒ NO

EMPLOYER **LAKE STEVENS VIOLATION BUREAU**
 DATE OF BIRTH **10-25-86** RACE **W** SEX **F** HEIGHT **5'05"** WEIGHT **145** EYES **BRO** HAIR **BRO** RESIDENTIAL PHONE NO. **(425)299-3979** CELL/PAGER PHONE NO. _____ WORK PHONE NO. _____
 VIOLATION DATE **12/22/2014 09:58** INTERPRETER NEEDED ☐ AT LOCATION **91ST AVE NE** REF. TRAFICWAY **SR-204** M.P. BLOCK # **700** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

VEH LIC NO **AHY7078** STATE **WA** EXPIRES **06-07-15** VEH YR **2005** MAKE **HYUNDAI** MODEL **ACCAD** STYLE **SEDAN 4 DR** COLOR **SILVER/**
 TR #1 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____ TR #2 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____

OWNER/COMPANY IF OTHER THAN DRIVER **RYAN P SHANE**
 ADDRESS **11514 26TH ST NE** CITY **LAKE STEVENS** STATE **WA** ZIP CODE **98258**

ACCIDENT **NO INJURY** COMMERCIAL VEHICLE ☐ YES ☒ NO 16+ PASS ☒ YES ☐ NO HAZMAT ☐ YES ☒ NO EXEMPT VEHICLE ☐ YES ☒ NO LEA _____

VEH SPEED _____ IN A _____ ZONE _____ SMD _____ PACE _____ AIRCRAFT _____
 1. VIOLATION/STATUTE CODE **46.30.020** OP MOT VEH W/OUT INS PENALTY \$ **550.00**

2. VIOLATION/STATUTE CODE **46.20.015** NO VALID OPER LICENSE WITH VALID ID PENALTY \$ **550.00**

3. VIOLATION/STATUTE CODE _____ PENALTY \$ _____

4. VIOLATION/STATUTE CODE _____ PENALTY \$ _____

5. VIOLATION/STATUTE CODE _____ PENALTY \$ _____

RELATED # _____ DATE ISSUED **12-22-14** TOTAL PENALTY \$ **1,100.**
☐ TICKET SERVED ON VIOLATOR
☐ TICKET SENT TO COURT FOR MAILING
☒ TICKET REFERRED TO PROSECUTOR
 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.
 OFFICER **FRANKLIN NELSON** # **116**

INF #	RESPONSE	DISPOSITION	PENALTY	SUSPENDED	SUB-TOTAL	FINDING/JUDGMENT DATE
1	C	NC	C NC D P DF	\$		ABSTRACT MLD TO OLYMPIA
2	C	NC	C NC D P DF	\$		
3	C	NC	C NC D P DF	\$		
4	C	NC	C NC D P DF	\$		
5	C	NC	C NC D P DF	\$		TOTAL COSTS



Officer's Report for Citation/Notice of Infraction # 4Z0933092.

The information contained in and attached to this citation/notice of infraction is incorporated by reference into this report.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Signature: FRANKLIN NELSON #: 116

Date and Place: 12/22/2014 City/Town of Lake Stevens, County of SNOHOMISH

[illegible]

IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS PLAINTIFF VS. NAMED DEFENDANT
☐ STATE OF WASHINGTON ☐ COUNTY OF THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCAMMED) **HEATHJUL142P5** STATE **WA** EXPIRES **10-25-17** PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST **HEATHER** FIRST **JAMIE** MIDDLE **LYNN** SFX ☐ YES ☒ NO
ADDRESS **11514 26TH ST NE** IF NEW ADDRESS ☒ PASSENGER ☐ CITY **LAKE STEVENS** STATE **WA** ZIP CODE **98258**

EMPLOYER **LAKE STEVENS** EMP LOCATION **LAKE STEVENS**
DATE OF BIRTH **10-25-86** RACE **W** SEX **F** HEIGHT **5'05"** WEIGHT **145** EYES **BRO** HAIR **BRO** RESIDENTIAL PHONE NO. **(425)299-3979** CELL/PAGER PHONE NO. **LAKE STEVENS/SNOHOMISH**
VIOLATION DATE **12/22/2014 09:58** INTERPRETER NEEDED ☐ AT LOCATION **91ST AVE NE** M.P. **700** BLOCK # **700** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**
ON OR ABOUT **12/22/2014 09:58** LANG. **SR-204** REF. TRAFFICWAY

VEH LIC NO **AHY7078** STATE **WA** EXPIRES **06-07-15** VEH YR **2005** MAKE **HYUNDAI** MODEL **ACC4D** STYLE **SEDAN 4 DR** COLOR **SILVER/A**
TR #1 LIC NO **STATE** EXPIRES **TR YR** TR #2 LIC NO **STATE** EXPIRES **TR YR**

OWNER/COMPANY IF OTHER THAN DRIVER **RYAN P SHANE** CITY **LAKE STEVENS** STATE **WA** ZIP CODE **98258**
ADDRESS **11514 26TH ST NE**

ACCIDENT **NO INJURY** COMMERCIAL ☐ YES ☒ 16+ ☐ YES ☒ HAZMAT ☐ YES ☒ EXEMPT ☐ FIRE ☐ LEA
VEHICLE ☒ NO ☐ PASS ☒ NO

VEH SPEED **IN A** ZONE **SMD** FACE **AIRCRAFT** DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES
1. VIOLATION/STATUTE CODE **46.30.020** OP MOT VEH W/OUT INS PENALTY \$ **550.00**

2. VIOLATION/STATUTE CODE **46.20.015** NO VALID OPER LICENSE WITH VALID ID PENALTY \$ **550.00**

3. VIOLATION/STATUTE CODE **NO VIOLATION/STATUTE CODE** PENALTY \$ **NO VIOLATION/STATUTE CODE**

4. VIOLATION/STATUTE CODE **NO VIOLATION/STATUTE CODE** PENALTY \$ **NO VIOLATION/STATUTE CODE**

5. VIOLATION/STATUTE CODE **NO VIOLATION/STATUTE CODE** PENALTY \$ **NO VIOLATION/STATUTE CODE**

RELATED # **DATE ISSUED 12-22-14** TOTAL PENALTY \$ **1,100.00**
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER **FRANKLIN NELSON** # **116** OFFICER **LAKE STEVENS**
☐ TICKET SERVED ON VIOLATOR ☒ TICKET REFERRED TO PROSECUTOR
☐ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION
This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
Your response must be postmarked by midnight of the day it is due at the court.
If you do not respond or appear for court hearings:
TRAFFIC The court will find that you committed the infraction.
You may lose your driver's license privilege.
Your penalty will be increased.
Failure to pay may result in a referral of your case to a collection agency.
NON-TRAFFIC The court will find that you committed the infraction.
It is a crime and will be treated accordingly.
Your penalty may be increased.
Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:
Court contact information: **LAKE STEVENS VIOLATION BUREAU**
Phone 1: **(425)334-1012** **PO BOX 257**
LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT)
Name: **LAKE STEVENS**
Street or PO Box **PO BOX 257**
City: **LAKE STEVENS** State: **WA** Zip Code: **98258**
Telephone: Home: **LAKE STEVENS** Work: **LAKE STEVENS**
☐ Is interpreter needed? Language: **LAKE STEVENS**
X: **LAKE STEVENS** (SIGNATURE): **LAKE STEVENS**

EXCHANGE OF INFORMATION

OFFICER NAME: **FRANKLIN NELSON #116**
AGENCY: **LAKE STEVENS PD**

COLLISION: **12/19/14 03:22 PM**
DISPATCH: **12/19/14 03:22 PM**
ARRIVAL: **12/19/14 03:23 PM**

CASE#: **14-03155**
LOCATION: **91ST AVE SE BN:700**

NARRATIVE/ NOTES:

NE

UNIT 1:	MOTOR VEHICLE -	2005 ACC4D PLATE: AHY7078 (WA)	TOWED BY:
DRIVER: JAMIE L HEATHER		VEH OWNER: RYAN P SHANE	
ADDRESS: 702 W CASINO RD APT X102 EVERETT, WA 982041683		ADDRESS: 31108 33RD DR NW STANWOOD, WA 98292	
DL #: HEATHJL142P5		STATE: WA	
PHONE:		PHONE: (425) 299-3979	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	

UNIT 2:	MOTOR VEHICLE -	2014 FORD ESCAPE PLATE: AOM7600 (WA)	TOWED BY:
DRIVER: LORIE B HOLMAN		VEH OWNER: LORIE HOLMAN	
ADDRESS: 1635 S 245TH PL DES MOINES, WA 981980000		ADDRESS: 1635 S 245TH PL DES MOINES, WA 98198	
DL #: HOLMALB311R9		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: ALLSTATE		INSURED BY:	
POLICY #: 087754034		POLICY #:	

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03155

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Heather, Jamie	RACE W	ETH W	SEX F	DOB 10/25/86	AGE 28	HGT 5'10"	WGT 150	HAIR brown	EYES brown
STREET ADDRESS 11514 26th St NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE N/A		CELL PHONE N/A		PLACE OF EMPLOYMENT N/A						
WORK PHONE N/A		EMAIL ADDRESS N/A								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At approximately 3:30pm on Dec. 19, 2014 I was pulling out onto Vernon Rd/way, coming out of the 7th gas station with my turn signal on, trying to make a left turn. As I looked to my left to make sure it was clear, I noticed a grey Ford vehicle about 1,000 ft (give or take) in the intersection coming towards me, with a turn signal on, ~~meaning~~ meaning to make a right turn. When she was still in the intersection, I then pulled out, ~~and~~ saw the car coming towards me, I stepped on my brake and that's when the car struck the front drivers side of my car.

The woman driving wasn't looking the correct way, which should have been straight, when the cars collided.

Minor damage happened to both vehicles. No one was injured. The woman called the police and that is it.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: 12/12	LOCATION SIGNED: Lake Stevens WA
OFFICER NUMBER: 22	DATE SIGNED: 12/19/14	LOCATION SIGNED:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03155

VICTIM / WITNESS



NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hulman Lorie B	RACE W	ETH C	SEX F	DOB 12/27/1969	AGE 43	HGT 5'4"	WGT 170	HAIR Brown	EYES Hazel
STREET ADDRESS 1635 S 245th PL		CITY Des Moines			STATE WA	ZIP 98148	RES. STATUS			
HOME PHONE		CELL PHONE 206 793-0830			PLACE OF EMPLOYMENT Pacific Bells Inc					
WORK PHONE 360-746-9367		EMAIL ADDRESS N/A								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was going through the Intersection @ 9th I had my turn indicator on to go left to turn in to the 76 Station. I was going to turn into the 2nd entry way of the gas station & I was struck by the silver Hyundai. She immediately started yelling out her window you hit me, your turn indicator was on and you hit me you were not paying attention I was already pulling out.

I Have a by stander witness name and number who came over to me & said it wasnt your fault name Stephanie S Johnson # 425-320-6978

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 12/19/14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: 	DATE SIGNED 12/17/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14025151

Case Numbers: \$SS14003155

Entered 12/19/14 15:22:00 BY SPCT08 SP0339

Dispatched 12/19/14 15:22:45 BY SPDP17 SP0380

Enroute 12/19/14 15:22:45

Onscene 12/19/14 15:24:46

Closed 12/19/14 16:04:28

Initial Type: DIST Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 719 91 AV NE , LKS -- UNION 76 , LKS btwn SR 204 & VERNON RD (V)

Loc Info:

Name: HOLMAN, LORI

Addr:

Phone: 2067930830

/1522 (SP0339) ENTRY , CC, NOW, NON INJ ACC, NON BLKING, VEHS PULLED INO
T LOC, ACC HAPPENED ON 91 AV, FEMALE WAS VERBAL
AFTER COL
/1522 (SP0380) DISPER 19D1 #SS116 NELSON, DET (FRANKIE)
/1523 MISC 19D1 , WILL ADV ON COVER
/1523 (SP0339) SUPP TXT: FEMALE THAT WAS VERBAL WHI FEMALE 20S WEARI
NG PURPLE HOODY BLU JEANS FEMALE ASSOC W/SIL HYU
NDIA PC , RP ASSOC W/GRY SUV , FEMALE DOESNT HAVE
INSURANCE
/1523 CHANGE NAM: --> HOLMAN, LORI,
PHO: --> 2067930830,
TXT: FEMALE HAS CALLED HER HUSB WHO IS ER TO LOC
/1524 (SP0380) ONSCNE 19D1
/1524 ASSTER 19D2 [719 91 AV NE , LKS]
#SS127 ADAMS, OFFICER (NATHAN)
/1528 ONSCNE 19D2
/1529 (SS127) CLEAR 19D2
/1531 (SP0380) CONTCT 19D1 Contact in 8 Minutes
, BACKING UNIT CLRD
/1535 CHANGE TYP: DIST
---> COL .
/1535 OK 19D1 , NFC
/1537 ASNCAS 19D1 \$SS14003155
/1600 (SS116) REMINQ 19D1 MDTVEH, AHY7078, , WA, , , , , , , , , , ,
/1602 REMINQ 19D1 MDTVEH, AOM7600, , WA, , , , , , , , , , ,
/1604 *CLEAR 19D1 D/H
/1604 CLOSE 19D1

LSPD
ORIGINAL